

DUPLICATE

Born in Cleveland ☐ YES ☒ NO

THE CLEVELAND MUSEUM OF ART  
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE  
MAY 8 to JUNE 16, 1963

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any \_\_\_\_\_ Artist John Paul Miller  
FIRST NAME LAST NAME  
Address 3295 Avalon Road Shaker Heights 20, Ohio Cuyahoga Tel. WY-1-3530  
NO. STREET CITY ZONE COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
NFS			"Argonaut" Pendant-brooch <i>Lent</i> Loaned by Mrs. Viktor Schreckengost	18K gold & enamel	10	2238 ✓
NFS			"Cephalopod" Pendant-brooch <i>Lent</i> Loaned by Mrs. Julian Kassen	18K gold	10	2239 ✓
1		\$450 + tax	"Fragment" Brooch <i>JM</i>	18K gold	10	2240 ✓
1		\$1500 + tax	"Hylida" Pendant-brooch	18K gold & enamel	10	2241 ✓
1		\$125 + tax	Earrings	18K gold	10	2242 ✓

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.  
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

*John Paul Miller*  
SIGNATURE